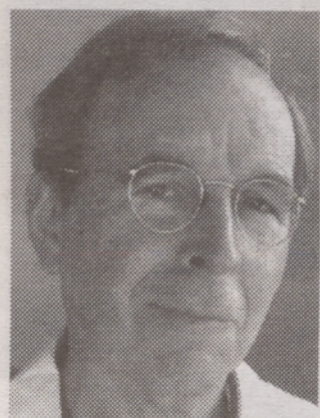


Health care reform without tears: What's the least I need to know?



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Public discussions of health care reform send most people ducking under chairs and rushing for exits. Who can blame them? Our health care system is hideously complex. A flurry of opinions swirl from all parts of the political spectrum; some seem reasonable, others preposterous, and many simply make our heads ache.

This article offers a guide to the perplexed — the simplest a introduction to health care reform you will encounter. When finished, your new understanding may give you the confidence to discuss reform intelligently without fear of embarrassment.

In this first part, we start with basics. Why do we need reform? We need it because Americans spend twice as much as people in other countries, and yet our public health outcomes rank nearly last among industrialized nations, and our families' health and finances are being devastated.

Let's take a closer look.

Why do we need health care reform?

Although most of this year's presidential candidates and several leading congressmen claim we have the "best health care in the world," it is exceedingly difficult to support this opinion. Here are reasons why.

First, U.S. health care is the most expensive in the world.

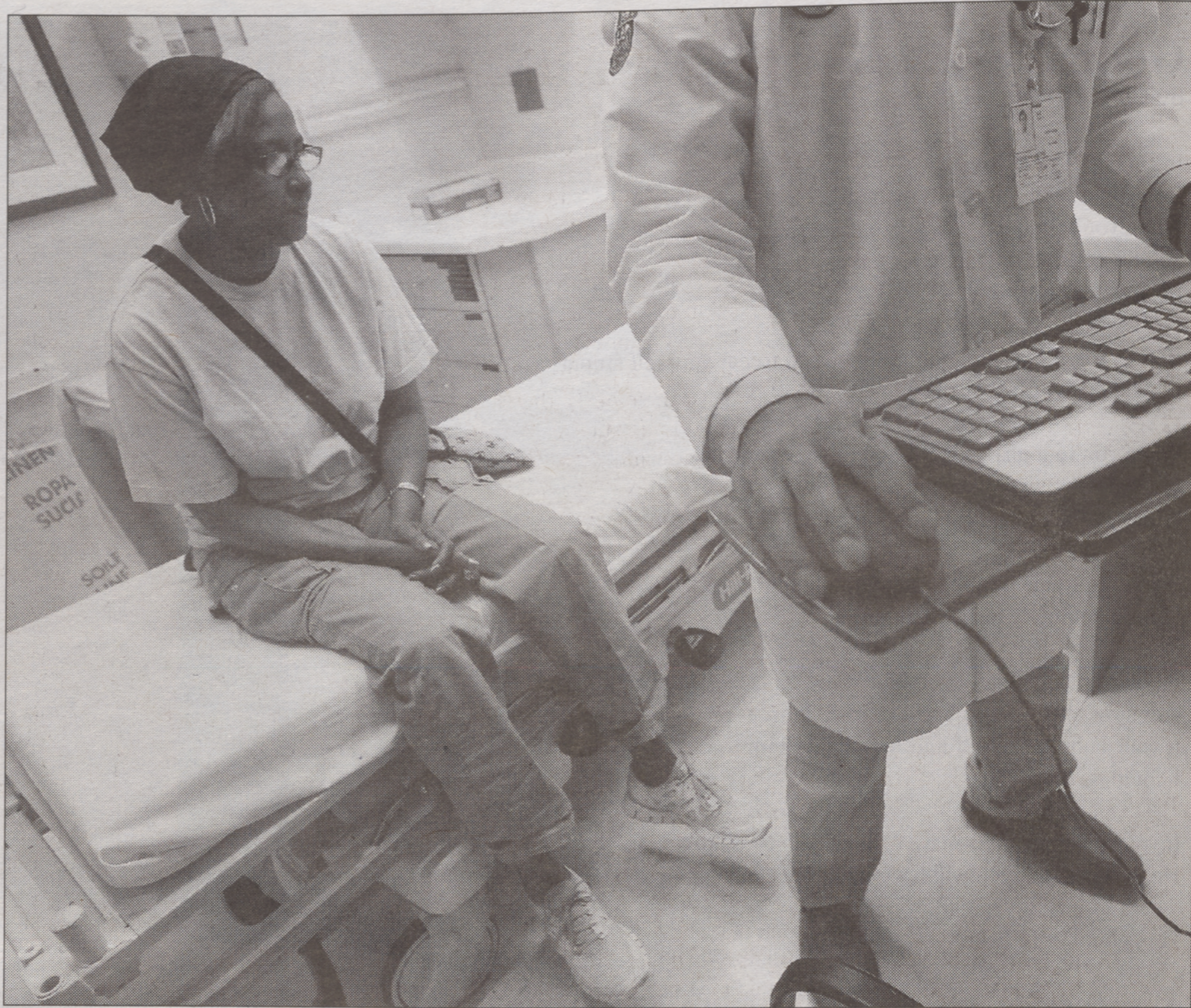
Second, on almost every measure of public health, the United States US ranks at or near the bottom of the industrialized world. There are 40 other countries where a pregnant woman and her baby have a greater chance of surviving pregnancy. American diabetics are twice as likely to suffer a foot amputation from diabetic complications than diabetics in other industrialized countries. Unless you are Paula Deen, the diabetic who makes millions selling high calorie recipes, the U.S. is a dangerous place for diabetics.

The United States ranks near the bottom in life expectancy and at the top in infant mortality. And even when life expectancy is adjusted for homicide, accidents, race, obesity, smoking and alcohol use, the U.S. ranking flirts with last place. As for our unhappy infant mortality ranking, even when compared only to countries with similar definitions of "live birth," the United States retains first place.

Third, health care costs are devastating American families. Medical crises cause most personal bankruptcies, and most of those families had health insurance when the crisis began (so much for the illusory safety net offered by insurance policies). Most collection agency debts are medical. A diagnosis of lung cancer in the U.S. carries a 7 percent chance of bankruptcy within five years. Most labor-management disputes, such as last year's confrontation in Wisconsin, pivot on medical benefits.

These crushing burdens are the norm in the U.S., whereas other industrialized countries have national health plans covering nearly everyone. Citizens in those nations aren't denied treatment because they lack money. Citizens in those countries don't lose their homes, their savings or their feet because they cannot afford health care.

It is difficult for many Americans to imagine every member of their families enjoying guaranteed access to health care no matter how old, sick, poor, unemployed or disabled they become. But guaranteed



REUTERS/JIM YOUNG

access is a fact of life in every other industrialized nation.

While wealthy Americans (notably presidential candidates and leading congressmen) sleep soundly knowing their families will always have access to health care, most of us cannot say the same.

What should health care reform achieve?

First, we want health care access for all Americans regardless of our income. Who needs a health care plan that removes access to health care when we become unemployed, sick or too poor to afford premiums, deductibles and co-pays? Assuring health-care access for our families is essential.

Second, we want lower costs. Whether we pay with taxes, premiums or out-of-pocket, it's all our money. A health care plan reducing taxes but increasing premiums, or reducing premiums but increasing out-of-pocket payments, or reducing out-of-pocket payments but increasing taxes is sleight of hand, not reform. We want lower costs.

Finally, we want better health outcomes. Our health care dollars should improve our family's the health of Americans, and not be diverted to a growing army of hospital billing agents, whether government or private. We want better health.

What can successful health care systems teach us?

If we want to change our health care system to gain better care for less money, we should learn from other industrialized nations that provide comprehensive health care at far lower costs. Fortunately, they are easy to find: Every other industrialized country provides better care to more people for less money than we do.

A first glance, other industrialized countries finds a mind-boggling array of health care systems. But these successful systems share three characteristics.

First, all citizens have lifetime access regardless of health. American insurance companies discriminate against people who are sick or have pre-existing conditions by charging higher prices for premiums, restricting their benefits or denying care altogether. In other industrialized countries, citizens enjoy access regardless of health, wealth or employment.

Second, patients are encouraged to seek care with the penalty of high out-of-pocket costs. Rather than compelling people to determine whether they need care before

they see a physician, other countries allow the physician to determine if a patient needs care after he or she sees the patient. In the United States, higher deductibles and co-pays actually deter people from seeking care.

Finally, health care financing is provided by publicly accountable and transparent not-for-profit agencies. Financing agencies are simply brokers: They transfer money from patients to providers. Although most countries allow profits to be made delivering health care, we the United States is the only country to allow profit-making from financing basic health care.

What do these three attributes mean to us?

Some may dismiss all foreign health care systems as "socialized medicine," run by governments and therefore unacceptable. Most foreign systems, however, use private (non-government) providers, and many use private financing agencies.

What does this mean for us? The U.S. can achieve real reform with as much or as little government as we think appropriate. Socialized medicine is an option, but not the only one, for reform.

Most importantly, these three characteristics — universal lifetime access, no obstacles to seeking care, and not for profit brokers — all relate to financing, not delivery. Financing determines who is included and who provides funding. Delivery, on the other hand, determines how much doctors are paid, the conditions for treatment and who qualifies for care. Successful systems teach us that when the three common financing characteristics are employed, there still are many options for health care.

We need health care reform because we spend twice as much as other nations, our public health outcomes are abysmal, and our families (and businesses) are financially and medically ravaged. We want reform to guarantee health care access to our family, to reduce our costs and improve our health.

We can learn from successful health care systems around the world that all provide better care to more for less. These systems teach us: (1) include everyone, (2) encourage care, and (3) finance care with publicly accountable and transparent, not-for-profit agencies.

Will the Affordable Care Act, also known as "Obamacare," change everything? The next part of this series will answer that question.

Above, a patient waits while a doctor checks her records.